



# LOS ANGELES COUNTY COMMISSION ON HIV

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## JOINT COMMISSION ON HIV/ PREVENTION PLANNING COMMITTEE (PPC) MEETING MINUTES June 13, 2013

**APPROVED**  
**7/11/2013**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (Cont.)	PPC MEMBERS PRESENT	PPC MEMBERS ABSENT
Carla Bailey, <i>Co-Chair</i>	Juan Rivera	Michael Green, <i>Gov. Co-Chair</i>	John Copeland
Michael Johnson, <i>Co-Chair</i>	Stephen Simon	Anthony Gutierrez, <i>Com. Co-Chair</i>	Trevor Daniels
Al Ballesteros	LaShonda Spencer	Ricky Rosales, <i>Com. Co-Chair</i>	Michelle Enfield
Vivian Branchick	Harold Sterker	Sophia Rumanes, <i>Gov. Co-Chair</i>	Heather Grant
Christopher Brown	Carlos Vega-Matos	Juli-Ann Carlos-Henderson	Brian Lew
Joseph Cadden	Fariba Younai	Aaron Fox*	Kathy Watt*
Lilia Espinoza		David Giugni*	Timothy Young
Douglas Frye		Grissel Granados	
David Giugni*	<b>COMMISSION MEMBERS ABSENT</b>	AJ King	
Terry Goddard		Victor Martinez	<b>COMMISSION STAFF</b>
Joseph Green	Sergio Aviña	Jill Rotenberg	Dawn McClendon
Thelma James	Cheryl Barrit	Milton Smith	Jane Nachazel
David Kelly	Anthony Braswell	Terry Smith	Glenda Pinney
Lee Kochems	Whitney Engeran-Cordova	Enrique Topete	James Stewart
Brad Land	James Jones		Craig Vincent-Jones
Ted Liso/James Chud	Ayanna Kiburi		Nicole Werner
Anna Long	Elizabeth Mendia	<b>DHSP STAFF</b>	Erin Ward
Abad Lopez	Karen Peterson	Kyle Baker	
Jenny O'Malley	Tonya Washington-Hendricks	Cheryl Williams	
Angélica Palmeros	Kathy Watt*	Juhua Wu	
Mario Pérez	Jocelyn Woodard/Jesse Lopez	Paulina Zamudio	
<b>PUBLIC</b>			
Robert Aguayo	Herman Avilez	Danny Bado	Tangerine Brigham
Scott Campbell	Alexander Castillo	Raquel Cataldo	Efren Chavez
Martha Chono-Helsley	Debra Colter	Pat Crosby	Zoyla Cruz
Mark Davis	Dana Edwards	Suzette Flynn	Susan Forrest
Dahlia Ferlito	Lynnea Garbutt	Shawn Griffin	Amy Gutierrez
Carie Harter	Carl Highshaw	Billie Jean	Uyen Kao
Luke Klipp	Faith Landsman	Douglas Lantis	Patsy Lawson
Joseph Leahy	Marsha Martin	Miguel Martinez	Max Mayama
Marc McMillan	Steve Mercieca	Kurt Miller	Ismael Morales
Kieta Mutepfa	Ron Osorio	Stuart Pappas	Laura Ramos

## Joint Commission on HIV/Prevention Planning Committee (PPC) Meeting Minutes

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PUBLIC (Cont.)			
Maria Rangel	Maria Roman	Martha Ron	Gayle Rutherford
Raquel Sanchez	Shoshanna Scholar	Fr. James Steele	Lambert Talley
Jason Tran	Monique Tula	Dea Varsovczky	Elaine Waldman
Kevin Weiler	Elijah Williams	Jackie Wilson (by phone)	Terrell Winder
Jason Wise			

\* Indicates dual Commission and PPC membership

1. **CALL TO ORDER:** Mr. Johnson opened the meeting at 9:25 am. He noted this was the last meeting for the existing Commission and PPC. The inaugural meeting for the new, unified body will be 7/11/2013.
  - A. **Roll Call (Present):**
    - *Commission:* Ballesteros, Branchick, Brown, Cadden, Espinoza, Frye, Giugni\*, Goddard, Joseph Green, James, Johnson, Kelly, Kochems, Land, Liso/Chud, Long, Abad Lopez, Pérez, Rivera, Simon, Spencer, Sterker, Vega-Matos, Younai
    - *PPC:* Carlos-Henderson, Fox, Giugni\*, Granados, Michael Green, King, Martinez, Rosales, Rotenberg, Rumanes, Terry Smith, Topete
2. **APPROVAL OF AGENDA:**

**MOTION 1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF COMMISSION/PPC MEETING MINUTES:**
  - A. **April 11, 2013:**

**MOTION 2:** Approve the minutes from the April 11, 2013 Joint Commission/PPC meeting, as presented (*Withdrawn*).
  - B. **May 2, 2013:**

**MOTION 3:** Approve the minutes from the May 2, 2013 Joint Commission/PPC meeting, as presented (*Withdrawn*).
4. **APPROVAL OF COMMITTEE MEETING MINUTES:**

**MOTION 4:** Approve the minutes from Commission standing committee meetings since January 2013, as presented (*Withdrawn*).
5. **CONSENT CALENDER:**

**MOTION 5:** The Consent Calendar was withdrawn due to presentations for Motions 6 through 10 (*Withdrawn*).
6. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:**
  - Ms. Landsman, UCLA HIV Research Study Volunteer Project (RSVP), said recruitment was open for HIV+, HIV- and transgender men and women for 40 studies from focus groups to gene therapy. Information was on the resource table.
  - Ms. Martin, Director, Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), introduced Ms. Varsovczky, UCHAPS Technical Assistance Program Manager. They were conducting site visits and offering information on national HIV issues.
  - She thanked Los Angeles, a founding UCHAPS member, for its continued leadership in areas such as use of data, planning body integration, and service implementation in the changing health care landscape. The public discourse in Washington, DC is impacted by sharing the local perspective and challenges in implementing federal policy on the ground.
  - She urged the Commission to publicize its work in integrating the planning bodies with community engagement through personalized stories especially in HIV and LGBT publications. The work demonstrates effective government-community collaboration in a challenging budgetary landscape and provides an example to help educate other communities.
7. **COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP:**
  - Mr. Giugni urged the new Commission to include reports from high impact cities, e.g., Long Beach and West Hollywood.
  - Mr. Chud reported a petition is being organized by the National AIDS Housing Coalition on Change.org. It urges Secretary Shaun Donovan, Department of Housing and Urban Development, to oppose a proposal to demote HOPWA, place it within Special Needs Assistance Programs and eliminate the Office of HIV/AIDS Housing. He asked people to sign the petition.

**8. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:**

**A. Department of Health Services (DHS):**

**1. Pharmacy Access:**

- Dr. Gutierrez, Chief Pharmacy Officer, and Ms. Brigham, Director, Managed Care Services, DHS, discussed pharmacy changes due to a court ruling against DHS, stemming from a lawsuit filed by AHF. Managed Care Services oversees Healthy Way LA (HWLA). Changes will affect how community partners submit pharmaceutical reimbursement claims for HWLA HIV+ patients.
- Dr. Gutierrez noted DHS was notified in 2011 that Ryan White patients would transition into LIHP. DHS could have required HIV+ patients to transfer to DHS, but wanted to maintain patient provider and pharmacy relationships.
- When medications were added, the County's usual contracting process would have taken too long for the three or so months left to arrange services, so DHS issued a sole source agreement with a contractor to process claims in real time. It also started the bilingual HWLA 24/7 customer service line, 877.333.4952. Overall, this worked well.
- DHS lost the recent court case against this system and was given 10 days, ending the following week, to launch alternate services for the last six months of the LIHP prior to Affordable Care Act (ACA) implementation. DHS is working to maintain medication access. A Provider Information Notice (PIN) has been released which includes a flow chart of actions.
- Mr. Pérez said this is a significant blow to DHSP's commitment to maintaining continuity of care. Originally, ADAP ensured medications for Ryan White patients. California identified a Pharmacy Benefit Manager (PBM) for ADAP, which created a network of pharmacy relationships to ensure a seamless process in obtaining medications.
- California has used the Section 1115 Waiver process over the last 15 years allowing the County to support its public hospital system. LIHPs were developed as a precursor to California's Medicaid expansion through the 1115 Medicaid Waiver "Bridge to Health Reform," in preparation for ACA implementation in 2014. Original indications were that Ryan White patients transferring to HWLA, the County's LIHP, would continue receiving medications through ADAP.
- The federal government, however, ruled the County had to pay for HWLA patient medications. DHS moved quickly to identify an existing provider with the capacity to maintain existing medical provider and pharmacy relationships. The Board approved the contract, but the court's ruling claimed the sole source contract was improper. DHS and community partners are scrambling to ensure each contracted provider has a plan in place to maintain patient medications.
- Dr. Gutierrez said patients at County sites with an onsite pharmacy will all be transitioned to that pharmacy. Community partner sites have several options. One is a retroactive pharmaceutical claim via a separate contract with Ramsell to assume the work of the County contract voided by the court. The community partner would file a claim and then be reimbursed. AIDS Healthcare Foundation uses this option and Ramsell is developing it for others. Large sites with onsite pharmacies will continue services and retroactively bill DHS. They serve 50% of clients.
- Community partners may also ask DHS to pair them with one of the County's 18 health center pharmacies. DHS is partnering with DHSP to provide an on-call courier service for those who cannot access the County pharmacy. DHS is requesting approval from the Board to modify community partner contracts to include additional reimbursements for expenses such as a processing fee to manage claims and the courier service.
- Mr. Ballesteros questioned the rationale of the court ruling. Dr. Gutierrez said news reports suggest the contractor made millions of dollars, but in fact it made just \$75,000, with the rest of the \$5 million going to medications.
- Mr. Land felt it a travesty and sad that any of our providers would bring mindless litigation that hurts consumers.
- Dr. Cadden, Rand Schrader Clinic, said DHS has helped inform patients to maintain care despite the inconvenience.
- Ms. Palmeros, City of Pasadena, reported several pharmacies working with Pasadena under HWLA have cancelled services since the court decision. Dr. Gutierrez worked with her until 9:00 pm the prior evening to ensure patient continuity of care, especially critical for this vulnerable population. Ms. Palmeros thanked her for her assistance.
- Dr. Gutierrez noted HWLA patients will be transferred to Medicaid Managed Care as part of ACA health care reform. HWLA was designed as a precursor to health care reform to enroll qualified patients so they could establish provider relationships, including medical homes and pharmacy access before ACA implementation.
- HWLA patient information will be sent to the California Department of Health Care Services (DHCS), Medi-Cal Division. DHCS will notify patients near the end of 2013 that they will transfer to a Medi-Cal plan as of 1/1/2014.
- Ms. Brigham felt the key challenge will not be technical aspects of the transfer, but educating HIV+ and HIV- HWLA patients to evaluate and act on the DHCS information. DHS is coordinating with community partners on education.

- Mr. Land asked if information on options after 1/1/2014 will include expertise for specific conditions such as HIV. Ms. Brigham said the health care options packet includes a provider directory with detailed information, including provider specialties. She will keep the Commission informed so it can assist with education, e.g., via consumer forums.
- Mr. Kelly asked about support for those applying for Covered California who are referred to Medi-Cal. Ms. Brigham noted two expanded coverage groups: those earning <138% of the Federal Poverty Level (FPL), eligible for Medi-Cal; and those earning >138% FPL, eligible for Covered California, which is California's health insurance exchange.
- Education for the two groups is not comingled, but systems are planned for Covered California navigators to refer those who appear eligible for Medi-Cal to that system. DHS will work with the California Department of Public Social Services which manages Medi-Cal eligibility. DHS also recently held a meeting for County organizations with grants for Covered California outreach and education to foster cross-fertilization with Medi-Cal.
- The list of organizations with grants is available from DHS. Agencies interested in becoming community assisters in the process can go to [www.hbex.ca.gov](http://www.hbex.ca.gov). The state is currently developing training for navigators and assisters.
- Mr. Rivera was concerned some options will not include home delivery or other services, like monthly reminders to refill medications, that are important to many consumers. He feared some consumers will fall out of care.
- Joseph Green was concerned about sufficient HIV specialists in the Medi-Cal managed care system and whether they serve the recommended minimum 50 patients and are geographically diverse. Ms. Brigham replied Medi-Cal contracts in the County with LA Care and HealthNet. Their directories list providers, but she had no details.
- Mr. Pérez praised DHS for a remarkable job in a limited time. He noted, however, after the ruling that ADAP would not fund medications for HWLA patients there were concerns about the financial strain on community providers fronting expensive medication costs pending reimbursements. That issue has resurfaced for on-site pharmacies. He added medical transportation may need to be increased as not all DHS pharmacies are near PWLA populations.
- Dr. Gutierrez reported that that morning DHS confirmed that medication claims from HIV providers will be processed in one week. Work continues to assist community partners in negotiating PBM contracts.
- Mr. Ballesteros suggested a motion for a letter to the Board expressing great disappointment in this court decision, the risk to thousands and appreciation for Board diligence in mitigation efforts. Mr. Kelly urged a strong letter.
- Anthony Gutierrez said he was not as certain the Commission and PPC were disappointed in a decision made on a legal standing, as they were in the plaintiff who brought a case that took advantage at a vulnerable time.
- Messrs. Ballesteros and Terry Smith felt focus should be on the decision. Ms. Bailey emphasized consumer impact.
- Mr. Johnson felt, as this pertained to litigation, members should communicate to their Board offices individually.
- Mr. Fox felt strongly that people should speak out publicly to hold accountable any community provider that acts against the best interests of consumers. That is especially true when we are in the middle of a difficult transition.
- Mr. Talley said he spoke on this at the recent Agenda Review meeting. He felt a key problem was a breakdown in communication. We need discernment, comprehension and understanding among all parties.

**MOTION #5A (Land/Bailey):** Send a letter to the Board of Supervisors underscoring the conversation and concerns of the community as expressed at the 6/13/2013 Joint Commission/PPC meeting, continued support by the Commission and PPC of DHS and DHSP for their hard work to find an ongoing solution for this issue, and ongoing support for the Board as they continue to protect the needs, interests and services for HIV consumers (**Passed by Consensus; 7 Abstentions**).

2. **Low Income Health Program (LIHP) Update:** There was no additional discussion.

## 9. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

### A. OA Work/Information:

- Ms. Wilson said the FY 2013-2014 Ryan White Notice of Grant Award is still pending. There was no other information.
- OA Part B program advisors are available. Contact information is on the OA website.
- OA is preparing contract packages effective 7/1/2013-3/31/2014. Packages are expected to be mailed in June for receipt by the end of the month. They should be signed and returned as quickly as possible.

- B. **California Planning Group (CPG):** The application process for the next CPG term is being developed. In the revised process, OA will ask local planning councils to nominate candidates for improved state-local communication and coordination.

## 10. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

- A. **HIV Epidemiology Report:** There was no report.

**B. Administrative Agency Report:**

- Mr. Pérez publicly acknowledged Emily Gantz McKay and Mr. Vincent-Jones for their assistance in the process to unify the Commission and PPC. The process is now being used as a model to assist other jurisdictions across the country. He also acknowledged past and present Department of Public Health HIV care and prevention planning partners.
- DHSP continues to receive updates from federal and state funders on the impact of sequestration on grant revenues. Some grant awards are for a full year; others are for three to six months with the implication of more cuts later. So far, the estimate for sequestration cuts to LA County is over \$5 million for HIV care, treatment, prevention, surveillance and STD grants.
- It appears there will also be a \$3.5 million cut in addition to sequestration for the next program year. DHSP is working closely with its planning partners to outline a path forward with the least impact on programs and services.
- Mr. Pérez reported continued modernization of the data collection systems now allows DHSP to provide testing partners real time data on those testing HIV+, including those who are newly diagnosed to improve linkage to care.
- DHSP can also now better identify more productive mobile testing sites, e.g., sites visited multiple times with no one testing HIV+ versus those visited just once where one of five people tested HIV+ for a 20% positivity rate. Expanded use of such data can improve the response. DHSP is also working on modernizing the STD data system to improve those tools.
- Mr. Johnson asked about coordination of linkage to care with coverage enrollment. Mr. Pérez replied DHSP is reviewing how the program and service portfolio impacts stages of the treatment cascade, including the step between linkage and retention in care. The key is continuing work to ensure various data systems speak to one another.
- For example, a number of providers are required to report when a newly diagnosed client is linked to care. DHSP then checks for a viral load or CD4 on file with the lab to verify that linkage to care occurred and adjusts data as needed.
- Mr. Vega-Matos added DHSP will host a meeting of Ambulatory Outpatient Medical (AOM) and HIV testing providers in late August 2013. A panel of HIV testing providers will offer experiences getting people into a clinic, especially for those with challenges, e.g., the homeless or those released from prisons. Another panel will offer AOM provider perspectives, e.g., on clinic flow management and best ways to enter the system. Notices will go out shortly.
- Implementation of the Fee-For-Service AOM contracts continues with the first invoicing cycle now complete. Most community partners have implemented Medical Care Coordination (MCC) teams and DHSP is continuing their training. The next step will be to bring AOM and MCC teams from each clinic together to ensure coordination.
- DHSP's Medical Advisory Committee will meet 7/19/2013. Medical directors and clinicians are encouraged to attend.
- DHSP is also working on implementation of health care reform and Medicaid expansion. A round of service provider monitoring was completed and a series of meetings is planned for benefits specialty providers on Covered California.
- The Commission affirmed DHSP's plan to enact Phase III of the oral health expansion. DHSP has sent a letter to existing oral health providers with a response due by 7/5/2013 indicating intent and capacity to augment services.
- The California Legislature plans to restore part of Denti-Cal, including preventive care not offered previously, as well as dentures and some other procedures. DHSP is reviewing how to interact with Denti-Cal for full coverage with its HRSA oral health technical assistance consultant and the DHSP Oral Health Advisory Committee, which will meet 6/26/2013.
- Ms. Rumanes is coordinating an STD prevention and control project in the Second District, South Los Angeles, which represents 40% of County gonorrhea and Chlamydia cases. Rates are highest among young men and, especially, women. Supervisor Mark Ridley-Thomas' office has addressed the issue sporadically for several years and wants a more consistent effort.
- DHSP has engaged in outreach with community-based organizations, residents and schools. A coalition facilitated by Coachman-Moore & Associates is now meeting on first Fridays to develop a strategic plan for STD prevention and control. One of the desired outcomes is a strong community planning process for STD prevention and control. Unlike HIV, there is no precedent for such a process nationally or locally. The coalition will develop a governing structure over the next few months. Ms. Rumanes encouraged participation in the process.
- Mr. King asked if the Commission will be asked to adopt the STD planning process or if it will be a parallel process. Ms. Rumanes said the process is currently separate, but there is a desire to coordinate efforts.

**11. TASK FORCE REPORTS:**

**A. Comprehensive HIV Planning (CHP) Task Force:**

1. **Adoption of Ordinance 2013-2017: Amendments to County Code 3.29:** Mr. Rosales noted the process began two years ago with development of a comprehensive plan for the County. That was the foundation for developing a unified

planning body to address HIV and STD prevention, care and treatment. The Ordinance and a summary of changes were included in the packet.

2. **Enactment of Ordinance 2013-2017: Unification Process/Activities Timeline:** The Ordinance was adopted by the Board on 6/11/2013 and will be enacted on 7/10/2013, concurrent with the first meeting of the unified body.
3. **Extension of Commission/PPC Co-Chair Terms:** Anthony Gutierrez reported the Task Force discussed how to maintain Commission activities prior to election of new Co-Chairs in August. The motion offers a means for the transition.

**MOTION 6:** Extend the terms of one Commission Co-Chair (Mike Johnson) and one PPC Co-Chair (Ricky Rosales) to preside over the Commission meetings and execute other Co-Chair powers until new Commission Co-Chairs are elected at the August 2013 Commission meeting, pursuant to enactment of Ordinance 2013-0017 and ratification of the Commission Bylaws (*Passed by Consensus*).

4. **Transitional Open Nominations Process: Membership Nominations:**

- Mr. Brown reviewed the transitional open nominations process. The current Ordinance and the terms of its members expire with enactment of the new Ordinance on 7/10/2013. New members will be installed at the next meeting of the Commission, as a unified planning body, on 7/11/2013.
- The Task Force sought to fill at least half the seats, 26 members, for the first meeting by expediting recruitment, evaluation, seat assignment and nominations while adhering to HRSA open nominations requirements.
- There were twelve members on the Task Force work group. It revised the application to reflect the new scope of work for HIV prevention and care and STDs. It then revised evaluation and scoring tools for the application and the interview. The new application is shorter and the interview more structured.
- HRSA requires an open, transparent process with multiple candidates per seat. Anyone can apply. The planning council nominates members and the Board appoints them. The County requires each candidate to submit a Statement of Qualifications. It takes at least 10 days for the Executive Office to process and the Board to consider nominations.
- The Task Force anticipated proposing at least two cohorts of nominees: an initial cohort of at least 26 and a second cohort for a portion of the remaining seats. Instead, the Task Force is presenting a single cohort of 46 nominees for the 51 seats, plus 15 nominees for Alternate seats. The work group anticipated in the range of 30-35 applications for the first cohort; instead, 79 applications were submitted.
- The Task Force estimated 25 returning members from both bodies. It is recommending 20 new members and 26 returning from: 17, Commission; 7, PPC; and 1 from both. The first cohort was not expected to include Alternates, but 15 of 22 possible Alternate seats are being recommended due to the large number of qualified candidates. Per County Code, all HIV+ Commissioners are eligible for an Alternate to substitute for the commissioner when absent and as a mechanism of developing leadership. The Task Force worked to ensure Commissioner-to-Alternate compatibility and mentoring.
- All applicants were interviewed except those recommended for institutional seats. Twelve interviewers on interview teams of four conducted 67 half-hour interviews in nine days over a two-week period. Interviewers were from the work group and along with other invited interviewers equally represented the Commission and PPC.
- The application process includes 100 total points divided among oral communication and comprehension communications skills; background and experience, such as HIV practical experience and public policy experience; representation; demographics; recommendations/references; HIV knowledge; and 20 points for the interview.
- Nominees were selected based on application scores and factors such as geographic diversity, experience and representation, past planning participation, available and required seats, and overall balance and diversity to ensure skill levels and perspectives from various communities. Agencies were limited to two members each.
- Unaffiliated consumer nominees were selected based on application scores, geographic diversity and representation, and ethnic and gender representation. Institutional members were recommended by their entity.
- Some seats were more competitive than others. Most competitive were provider and stakeholder seats; geographic, risk level, key and priority populations and experiential characteristics had to be considered when selecting candidates to fill the seats.
- Scores were used to rank candidate suitability for individual seats and determine which of two or more candidates to recommend for a particular seat if other factors were equal. Some candidates with lower scores were nominated over others with higher scores, e.g., if there was a lack of candidates to achieve geographic diversity.
- Targeted outreach is planned for the five seats that remain unfilled: Medi-Cal representative; local health/hospital planning agency representative; unaffiliated consumers for SPA 1, SPA 5, and Supervisorial District 5.

**MOTION 7:** Accept the slate of Commission member candidates as presented by the CHP Task Force, nominate those candidates to seats on the Commission, as specified in Ordinance 2013-0017, and forward the nominations to the Board of Supervisors for appointment to the Commission (*Passed by Consensus*).

5. **Inaugural Unified Commission Meeting:** Mr. Rosales reported the inaugural meeting of the reconstituted Commission will be 7/11/2013. Time and location are pending. The agenda will include: oath of office; Bylaws ratification; open nominations for Commission Co-Chairs; brief overviews of prevention, care and STD systems in the County; and a short parliamentary training. The meeting will conclude with a celebration of the inauguration and all past and present who worked to accomplish it.

6. **Ratification of Commission Bylaws:**

- Mr. Vincent-Jones said the Commission and PPC adopted the Bylaws in May, but the new body must ratify them as their operating principles on 7/11/2013. Per process, they were being opened for one-month public comment.
- He noted staff worked extremely hard to prepare membership nomination information for the Executive Office. That was completed 6/12/2013 leaving little time for packet work. Bylaws were inadvertently left out, but will be posted on the Commission website 6/14/2013. This offers an opportunity for any final revisions.
- Mr. Stewart noted "ratification" is a yes or no vote. Any revisions must be included in the presented document.

- B. **Community Engagement Task Force:** Mr. Rosales reported the initial meeting was held the prior week. The Task Force began defining its work and ideas for next steps. More members are welcome.

12. **COMMISSION STANDING COMMITTEE REPORTS:**

- A. **Priorities & Planning (P&P) Committee:** Commission on HIV members identified their conflicts of interest per HRSA and Commission requirements.

1. **Financial Expenditure Reports:**

- Mr. Land reported overall the reports reflect anticipated expenditures. The sole exception was \$1 million in Net County Cost (NCC) funds for estimated Administrative Services, Legal Cost due to litigation, noted in the summary. He noted NCC funds provide flexibility to fill gaps, which becomes especially important near the end of the year.
- Mr. Pérez said DHSP is committed to transparency in planning. The \$1 million is DHSP's best estimate of costs tied to multiple litigation activities and is tied to NCC maintenance of effort. Obviously, \$1 allocated to one thing cannot be allocated to another and DHSP is already anticipating \$5 million in sequestration and, in some instances, rescission cuts. A further \$1 million in unavailable funds will make it harder to maintain services.
- This is a FY 2012-2013 projection. NCC is on a 7/1 to 6/30 fiscal year. The next year's estimate is not available.
- The last major funding cut was \$8.5 million in 2009. The lawsuit is the most significant in Mr. Pérez' administration.

2. **FY 2014 Allocation-Setting:**

- Mr. Vincent-Jones noted the body approved priority rankings on 5/2/2013. The intention had been to separate Transitional Case Management and establish it as a separate service category from Linkage to Care, but that was not done. Motion 8 makes this revision and ranks Transitional Case Management after Linkage to Care.
- Mr. Land said the body had voted P&P's original recommendation to allocate 75% of Minority AIDS Initiative (MAI) funds to Linkage to Care and 25% to Transitional Case Management. P&P has revised its recommendation to allocate 40% to Oral Health Care, 40% to Linkage to Care and 20% to Transitional Case Management.
- Mr. Vincent-Jones noted DHSP had expressed concern it would be unable to expend all MAI funds on Linkage to Care and Transitional Case Management as they are new services just being developed. Oral Health Care is an expanding service category that can utilize the funds while the other categories are being developed.
- Mr. Ballesteros presented a spreadsheet on the FY 2014 Ryan White Part A/B Proposed Service Category Allocations. P&P first assessed whether allocation percentages for each of the 18 categories should increase, decrease or remain level. Assessments used estimated funding including base funding, the impact of migration to HWLA and Covered California, priorities and other resources. Column 3 arrows reflect those assessments.
- Final percentages in Column 4 reflect fewer increases than initially suggested due to funding concerns. Much of the pertinent data is not yet available, e.g., data on migration to HWLA is incomplete, there is no data on migration to Covered California under ACA and there is uncertainty about Ryan White funding and sequestration.
- Mr. Vincent-Jones said P&P is being diligent by making recommendations in June to allow DHSP time to adjust contracts as needed. DHSP was willing to delay, but new Commission committees will only launch in September when the Ryan White application may be due. The application requires base funding allocations.

- P&P's initial assessments can be used as the basis for an increased funding scenario though an increase is unlikely. DHSP reviewed the assessments and returned with base funding recommendations calculated at a 10% decrease of FY 2012 funding to account for sequestration losses. P&P reviewed and slightly revised DHSP recommendations for its final recommendations as presented.
- Per Motion 10, the new Planning, Priorities and Allocations Committee will review FY 2014 allocations at its first meeting in September, and make adjustments as more data is available.

**MOTION 8:** Remove Transitional Case Management from the Linkage to Care service category, rank Transitional Case Management as 8 in the priority rankings, and adjust all other service categories accordingly (**Passed by Consensus**).

**MOTION 9:** Allocate FY 2014 Minority AIDS Initiative (MAI) funds, as presented (**Passed: 25 Ayes; 0 Opposed; 0 Abstention**).

**MOTION 10:** Allocate FY 2014 Ryan White Part A and B funding to specified service categories, as presented, and designate update of 2012-2013 service utilization/financial expenditure information and review/revision of FY 2014 allocations as the first non-procedural agenda item at the first meeting of the newly constituted Planning, Priorities and Allocations (PP&A) Committee (**Passed: 25 Ayes; 0 Opposed; 0 Abstention**).

**B. Joint Public Policy (JPP) Committee:**

**1. California State Budget:**

- Mr. Fox reported the Governor and Legislature reached a budget agreement and the Legislature is likely to begin voting on trailer bills 6/13/2013. There are more funds available this year and the budget is likely to pass on time.
- The main disagreement was on how the state and counties would manage funds that counties currently use for indigent care if the state assumes additional costs under Medi-Cal expansion, but an agreement was reached. The budget includes full Medi-Cal expansion on a statewide basis which will benefit all uninsured populations.
- Denti-Cal will be restored. Details are not known, but it will include some prevention services. There will also be more funds for mental health, CalWORKs and tuition assistance. There were no proposed or actual ADAP cuts.

**2. Covered California:**

- Covered California is the new insurance marketplace where consumers can purchase private insurance. Federal subsidies are available through ACA depending on income. There are 13 qualified health plans statewide and six in the County: Anthem Blue Cross, Blue Shield, LA Care, HealthNet, Kaiser Permanente and Molina Healthcare.
- The program launches 1/1/2014, but the goal is to open enrollment in October 2013. Questions remain about how those now covered by Ryan White will migrate to Covered California and at what pace. There has been no federal guidance about Covered California or insurance marketplace exchanges in other states.
- OA has committed both in this year's budget and in policy going forward that people will not be forced off ADAP after 1/1/2014 so long as they continue to meet eligibility requirements. OA can pay for premiums, medical co-payments and medical deductibles through an ADAP program, even if patients are in Covered California. DHSP and the Commission are reviewing how to pay for other Covered California costs, e.g., labs and co-payments for physician visits.
- Mr. Pérez asked if there had been a response to the community letter to Diana Dooley, Secretary, California Health and Human Services Agency, expressing frustration with limited progress in addressing outstanding issues. The group that sent the letter has determined the Kaiser Permanente small group insurance plan will be the model for California essential health benefits. He asked if that model would maintain comprehensive services for PLWH. Mr. Fox was unaware of a response to the letter. There has been no comprehensive analysis of the Kaiser Permanente plan, but most people who have reviewed it feel it looks good overall.
- Mr. Vega-Matos said plans should be reviewed with different lenses such as social determinants of health, which complicate the needs of many PLWH, e.g., the homeless and low income people. Wrap-around services may need to supplement plan services. Mr. Fox noted the LA Gay and Lesbian Center is in the process of talking with all six Covered California health plans to better coordinate care. He felt all providers should be doing the same.
- Dr. Younai asked if there was a list of HIV specialists and their providers. Mr. Fox replied there is a list of essential community providers with which plans can contract, but networks are not final so any list would be incomplete.
- Mr. Vega-Matos noted DHSP worked hard to help align the HWLA and Ryan White networks, but it was an easier process as DHSP knew all the entities involved. He urged providers to be proactive in becoming part of the Medi-Cal expansion and Covered California networks. Mr. Vincent-Jones added access to HIV services has both care and

preventive features, and reminded the members to consider both prevention and care aspects of challenges going forward.

- Mr. Pérez noted that historically health insurance coverage has been largely employer-based with most people employed for some period of time to secure health care. It is pertinent to suggest that a health plan based on that population does not address many of the needs of the Ryan White population which often has issues with navigating systems, understanding benefits, keeping appointments and addressing other life priorities.
- Providing health services alone does not meet these needs, e.g., the Ryan White system provides medical care coordination and other wraparound services that address the nuances of care needed for this population.
- The Ryan White system also has performance indicators in place that try to drive linkage, retention, viral suppression and appropriate screenings, such as for syphilis. There is still no leverage in place to ensure there are appropriate performance metrics for PLWH health and to develop needed wrap-around services.
- Mr. Johnson emphasized these plans lack HIV expertise, so the new unified Commission should educate stakeholders about requirements and metrics needed for PLWH. He advocated partnering with state stakeholders as well as legislation to require the Department of Managed Health Care to develop quality and performance measures.

➡ Refer review of Kaiser Permanente plan to the Standards and Best Practices Committee.

**3. 2013 Legislative Docket:**

- Mr. Fox reported AB 299 would create a phase-in program to dispense condoms in the California prison system. The bill has moved out of the Assembly and into the Senate. Prospects for its advancement are good.
- AB 336 (Ammiano) originally barred use of condoms as evidence in prostitution and loitering prosecutions. It faced opposition from the California District Attorneys Association and was keyed to two-thirds, i.e., to require a two-thirds vote of both houses to pass. Language was changed to avert that vote requirement while creating barriers to prosecutors' use of condoms as evidence in prostitution and loitering cases. The bill has passed the Assembly. Sponsors hope to re-introduce original language without the bill being keyed two-thirds, but wanted to keep the bill moving forward.
- AB 446 began in JPP, but has been amended three times. The main change is a shift in routine testing focus from emergency rooms and urgent care clinics to a focus specifically on public health clinics. It is also now a more mandatory offer. The bill has moved from the Assembly to the Senate and progress is expected to continue.
- SB 249 addresses data sharing between OA ADAP, and new entities under ACA, specifically Covered California, to ensure people transition smoothly between ADAP and Covered California and to facilitate co-enrollment.

➡ Mr. Fox will follow-up on AB 5, the Homeless Bill of Rights, which was pushed to next year.

**C. Standards of Care (SOC) Committee:** SOC is on hiatus due to the transition to the new Commission.

**D. Operations Committee:** Operations is on hiatus due to the transition to the new Commission.

**13. CO-CHAIRS' REPORT:**

**A. Sunset of Current Commission/PPC Memberships:**

- Mr. Rosales had mixed feelings about this last meeting. He is the longest serving PPC member at 13 years. It is scary and sad, but exciting, to move forward with combined planning and its potential for new program models and engaging clients. He thanked all for their commitment and service including staff Ms. Williams and Elizabeth Escobedo.
- Mr. Johnson agreed and added serving at the table takes many more than the official 10 hours a month, an emotional commitment and conversations to keep engaged. He praised both those choosing to continue and those choosing to step away for their work in accomplishing medical care coordination, the Comprehensive HIV Plan, unification of the planning bodies, healing fractured stakeholder partner relationships and preparing for health care reform.
- He especially complimented Dr. Frye for his calm voice of reason and providing good data with cautions on its limits; and Mr. Vega-Matos for his patience in teaching everyone how the process works.
- Mr. Ballesteros thanked Ms. Bailey for her representation and mentoring of PLWH and especially women. She has often gone to meetings with supervisors and to Sacramento requiring significant preparation. Many joined in the comments. Ms. Bailey thanked all at the table and urged those continuing to stay strong for the battles ahead.

**B. Appreciation for Commission/PPC Members:**

- Mr. Gutierrez presented certificates of appreciation to: Ms. Carlos-Henderson, Mr. Fox, Ms. Granados, Mr. King, Mr. Martinez, Ms. Rotenberg, Milton Smith and Terry Smith. He presented commendation plaques to Governmental Co-

Chairs Dr. Michael Green and Ms. Rumanes, August 2005 to June 2013. Dr. Green presented a commendation plaque to Community Co-Chair Mr. Gutierrez, September 2011 to June 2013. Ms. Rumanes presented a commendation plaque to Community Co-Chair Mr. Rosales, August 2011 to June 2013. She noted he first joined the PPC in the youth seat.

- Mr. Johnson presented certificates of appreciation to: Mr. Aviña, Ms. Bailey, Ms. Barrit, Ms. Branchick, Mr. Braswell, Mr. Brown, Mr. Engeran-Cordova, Ms. James, Dr. Jones, Dr. Long, Ms. Mendia, Ms. Peterson, Mr. Simon, Ms. Washington-Hendricks, Ms. Watt and Ms. Woodard. The certificates exemplify their service: "Service is not just a noun. It's a verb. It's not just a job. It's a calling. It's not just a way of doing business. It's a philosophy of life."

**14. CAUCUS REPORTS:**

- A. Latino Caucus:** Dr. Espinoza reported the Caucus has not met as often as desired, but hopes for new members and more regular meetings after unification. The standard meeting time is the third Tuesday of the month from 10:00 am to 12:00 noon. The Caucus is currently focused on prioritizing work tasks for the year ahead and significantly revising the Latino Special Population Guidelines. Mr. Vincent-Jones is working on reformatting them.
- B. Consumer Caucus:** The Caucus meets after the general meeting. Candidates for the new Commission were also welcomed.

**15. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:**

- Dr. Espinoza reported HRSA will cut the AETC budget 8%-10%. Distribution of cuts among Pacific AETC (PAETC) performance sites is not known yet, but there will be a PAETC local performance site subcontractor meeting in July to discuss the issue. Mr. Vincent-Jones will present at that meeting.
- The PAETC Oral Health Advisory Group met the prior week. Dr. Younai noted it is working on contract guidelines including service parameters. OHAG submitted comments for DHSP review and will be considering final adoption at its next meeting.
- The Charles Drew PAETC is developing an opt-out HIV testing program with Didi Hirsch Community Mental Health Center.
- Two new USC PAETC fellows will start in July: one at the County Jail and the other in the County at-large.

**16. SPA/DISTRICT REPORTS:**

- **SPA 1:** Mr. Land said he had not been to the area recently, but understood CAB meetings continued to meet. He looked forward to representation for the area from new candidate Raquel Cataldo and hoped she could also identify a consumer representation as well.
- **SPA 2:** Abad Lopez said the July meeting will be cancelled as the date falls on July 4<sup>th</sup>. The SPA hopes to hold a provider-consumer forum in August or September with Mr. Land as one of the speakers. Details are not yet determined.
- **SPA 3:** Mr. Land reported the Pasadena Health Department will host a provider-consumer forum 7/25/2013, 11:00 am to 1:00 pm. He thanked Messrs. Kelley and Abad Lopez for helping him report at SPA 2.
- **SPA 4:** Joseph Green reported the next meeting would be 6/20/2013, 12:00 noon to 1:30 pm, at JWCH Institute.
- **SPA 6:** Ms. James reported there was no June meeting as one co-chair accepted a position in North Carolina and the other will be working on a graduate degree in Berkeley. There will be an executive call on 6/28/2013 to address co-chair elections as well as leadership and meeting structure, community involvement and community needs assessment.

**17. COMMISSION/PPC COMMENT:** There were no comments.

**18. ANNOUNCEMENTS:** Mr. Highshaw, In The Meantime, announced that August is Black Gay Men's Wellness Month. In The Meantime will host activities throughout the month including an opening reception for the Carl Bean House Community Center. The Center is a revitalized community center with a full schedule of activities including empowerment groups for youth, elders and transgender people. The opening reception will be Sunday, August 4<sup>th</sup>. Information was on the resource table.

**19. ADJOURNMENT:** The meeting adjourned at 1:35 pm.

**A. Roll Call (Present):**

- *Commission:* Bailey, Ballesteros, Brown, Cadden, Espinoza, Frye, Goddard, Joseph Green, James, Johnson, Kelly, Land, Liso, Long, Abad Lopez, Pérez, Rivera, Spencer, Sterker, Vega-Matos, Younai
- *PPC:* Carlos-Henderson, Fox, Granados, Michael Green, Gutierrez, King, Martinez, Rosales, Rotenberg, Rumanes, Milton Smith, Terry Smith

**Joint Commission on HIV/Prevention Planning Committee (PPC) Meeting Minutes**

June 13, 2013

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the minutes from the April 11, 2013 Joint Commission/PPC meeting, as presented.	<i>Withdrawn</i>	<b>MOTION WITHDRAWN</b>
<b>MOTION 3:</b> Approve the minutes from the May 2, 2013 Joint Commission/PPC meeting, as presented.	<i>Withdrawn</i>	<b>MOTION WITHDRAWN</b>
<b>MOTION 4:</b> Approve the minutes from Commission standing committee meetings since January 2013, as presented.	<i>Withdrawn</i>	<b>MOTION WITHDRAWN</b>
<b>MOTION 5:</b> The Consent Calendar was withdrawn due to presentations for Motions 6 through 10.	<i>Withdrawn</i>	<b>MOTION WITHDRAWN</b>
<b>MOTION #5A (Land/Bailey):</b> Send a letter to the Board of Supervisors underscoring the conversation and concerns of the community as expressed at the 6/13/2013 Commission/PPC meeting, continued support by the Commission and PPC of DHS and DHSP for their hard work to find an ongoing solution for this issue and ongoing support for the Board as they continue to protect the needs, interests and services for HIV consumers.	<i>Passed by Consensus</i> <i>Abstentions:</i> Branchick, Frye, Long, Michael Green, Rumanes, Vega-Matos, Pérez	<b>MOTION PASSED</b> <b>Abstentions: 7</b>
<b>MOTION 6:</b> : Extend the terms of one Commission Co-Chair (Mike Johnson) and one PPC Co-Chair (Ricky Rosales) to preside over the Commission meetings and execute other Co-Chair powers until new Commission Co-Chairs are elected at the August 2013 Commission meeting, pursuant to enactment of Ordinance 2013-2017 and ratification of the Commission Bylaws.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 7:</b> Accept the slate of Commission member candidates as presented by the CHP Task Force, nominate those candidates to seats on the Commission, as specified in Ordinance 2013-2017, and forward the nominations to the Board of Supervisors for appointment to the Commission.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 8:</b> Remove Transitional Case Management from the Linkage to Care service category, rank Transitional Case Management as 8 in the priority rankings, and adjust all other service categories accordingly.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 9:</b> Allocate FY 2014 Minority AIDS Initiative (MAI) funds, as presented.	<i>Ayes:</i> Bailey, Ballesteros, Branchick, Brown, Cadden, Espinoza, Frye, Goddard, Green, James, Johnson, Kelly, Kochems, Land, Liso, Long, Abad Lopez, O'Malley, Palmeros, Pérez, Rivera, Spencer, Sterker, Vega-Matos, Younai <i>Opposed:</i> None <i>Abstention:</i> None	<b>MOTION PASSED</b> <b>Ayes: 25</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>

MOTION AND VOTING SUMMARY		
<b>MOTION 10:</b> Allocate FY 2014 Ryan White Part A and B funding to specified service categories, as presented, and designate update of 2012-2013 service utilization/financial expenditure information and review/revision of FY 2014 allocations as the first non-procedural agenda items at the first meeting of the newly constituted Planning, Priorities and Allocations (PP&A) Committee.	<b>Ayes:</b> Bailey, Ballesteros, Branchick, Brown, Cadden, Espinoza, Frye, Goddard, Green, James, Johnson, Kelly, Kochems, Land, Liso, Long, Abad Lopez, O'Malley, Palmeros, Pérez, Rivera, Spencer, Sterker, Vega-Matos, Younai <b>Opposed:</b> None <b>Abstention:</b> None	<b>MOTION PASSED</b> <b>Ayes:</b> 25 <b>Opposed:</b> 0 <b>Abstentions:</b> 0